

**Local Government Economic Development Fund (LGEDF) Grant Full Application**  
**Single County Coal Severance**  
**Governor's Office for Local Development**

Instruction Sheet / Checklist

In addition to the completed application, all documents listed below must be provided. If this information is not provided, please explain why in the margin next to the particular item.

1. ☐ Three Completed Applications (with attachments). Please provide one original and two copies of the application.

The applications should be submitted to:  
Governor's Office for Local Development  
ATTN: LGEDF Application  
1024 Capital Center Drive, Suite 340  
Frankfort, Kentucky 40601  
(502) 573-2382

2. ☐ Resolution authorizing project submission  
Resolution must be properly adopted by the fiscal court and/or regional industrial authority.
3. ☐ Map(s) of project area(s)
4. ☐ Detailed cost estimate/budget
5. ☐ Details on the source and status of other funds (provide commitment letters)

All Applicants must complete Section A (pages 21-24). Additional Sections must be completed based on the type of project. See below.

Economic Development Projects: *	Complete Sections A and Section B, Part I
* If these projects include a beneficiary, the beneficiary must complete Section B, Part II	
Public Water and Wastewater Projects:	Complete Sections A and C
Public Infrastructure Projects:	Complete Sections A and D
Public Health and Safety Projects:	Complete Sections A and D
Information Technology Development Projects:	Complete Sections A and D

## SECTION A (all applicants must complete)

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### Project Information

Project Title: \_\_\_\_\_

LGEDF Amount Requested: \$\_\_\_\_\_ Total Project Amount: \$\_\_\_\_\_

Type of Single County Coal Severance Grant (please check one):

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Economic Development

☐

Public Health and Safety

☐

Public Water and Wastewater Development

☐

Information Technology Development

☐

Public Infrastructure

☐

Regional Industrial Park

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### Project Prioritization

Please prioritize this project by selecting one of the following options:

1. \_\_\_\_\_ Public Safety-Community Support, Time-Sensitive, Funding Sensitive
2. \_\_\_\_\_ Public Need-Community Support, Less Time-Sensitive
3. \_\_\_\_\_ Public Want-Community Support, No Time-Sensitivity

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### Grantee Information

Legal Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Official's Name/Title: \_\_\_\_\_ County \_\_\_\_\_

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### Sub-Recipient Information

Sub-recipient (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

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**Legal Counsel Information**

Local Agency's Legal Counsel: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Project Contact**

Application Contact Person (consultant, area development district, etc.): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_

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**Detailed Project Description**

Provide a detailed narrative description of project and its purpose (attach project maps, quotes, estimates etc. if applicable).

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(Additional Pages May Be Added)

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Estimated start and completion dates for project must be provided.

Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

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**Certification of Application:**

To the best of my knowledge and belief, data contained in this application is true and correct, and the document has been duly authorized by the governing body of the applicant.

I hereby represent and certify that the foregoing information, to the best of my knowledge, is (a) true, complete and accurately and fairly describes the proposed project for which financial assistance is sought; and (b) does not contain any information for which an entity competing with the applicant may claim a proprietary interest. I further certify that to the best of my knowledge and based upon due inquiry, neither I, nor any of the proposed guarantors or officers, directors or principals associated with the applicant are or were at the time of this application, directors or officers of, or otherwise have a fiduciary duty toward, an entity that is or may be in competition with the applicant. As used herein, applicant shall include any person or entity that is guaranteeing any proposed loan.

The undersigned, on behalf of the applicant, acknowledges that even though the information contained in this application, or which may hereafter be communicated to the Governor's Office for Local Development (GOLD), contains confidential and proprietary information, it may be subject to public disclosure to the extent required by law pursuant to any request made pursuant to the Kentucky Open Records Act, Chapter 61 of the Kentucky Revised Statutes. In addition, the applicant acknowledges and agrees this application will be released to the local jurisdiction(s) where the project is intended to be located. Notwithstanding the above, except as otherwise agreed to by the applicant in writing, no confidential or proprietary information shall be disclosed if properly excluded from disclosure under KRS 61.878 (as determined by the Authority, the Kentucky Attorney General, or Court of Competent Jurisdiction).

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Printed Name and Title

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Signature of Authorized Representative

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Date

## SECTION B – Part I (ECONOMIC DEVELOPMENT PROJECT)

**New Site Information** (complete this section if the project constitutes a new location for the participating party):

Project Site: \_\_\_\_\_ acres      Building Size: \_\_\_\_\_ square feet

Check one: ☐ New Construction

☐ Acquisition of an existing building

Age: \_\_\_\_\_ Appraised Value: \_\_\_\_\_

How long has building been unoccupied? \_\_\_\_\_

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**Expansion Project Information** (complete this section only if the project involves the expansion of an existing Kentucky facility):

Expansion of existing facility? (circle one)    yes    no

Size of expansion: \_\_\_\_\_

Additions or renovations to existing building? (circle one)    yes    no

Explain: \_\_\_\_\_  
\_\_\_\_\_

Present Acreage: \_\_\_\_\_ acres      New Acreage: \_\_\_\_\_ acres

Present Building Size: \_\_\_\_\_ sq. ft.      New Building Size: \_\_\_\_\_ sq. ft.

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**Loan/Lease Information (for all to complete):**

Do you own the site? (circle one)    yes    no

Date of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Is there a mortgage? (circle one)    yes    no

Mortgage Holder: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Mortgage Payment: \$ \_\_\_\_\_ Length of Agreement: \_\_\_\_\_

If you lease, who is property owner?

Property Owner \_\_\_\_\_ Lease Payment: \$ \_\_\_\_\_

Length of Agreement: \_\_\_\_\_

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**Site Acquisition (for all to complete):**

Is this project requesting assistance for site acquisition? (circle one)    yes    no

If yes, please provide information below.    If no, continue to next section.

Total Acreage \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Current  
Ownership \_\_\_\_\_

Proposed  
Ownership \_\_\_\_\_

Is there an option or contract? (circle one)    yes    no

If yes, check one below and attach any documentation.

☐

option

☐

contract

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**Assignment of Funds: (for all to complete)**

Will grantee assign the proceeds to a local agency? (circle one)    yes    no

Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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**Individual Executing Documents:**

Legal Name of Individual Executing Documents: \_\_\_\_\_

\_\_\_\_\_

Title of Individual Executing Documents: \_\_\_\_\_

\_\_\_\_\_

Local agency is organized as (check one):

☐

Public Properties Corporation under KRS 58.180

☐

Industrial Development Corporation under KRS 154.50-316

☐

Non-profit corporation under KRS chapter 273

☐

Other \_\_\_\_\_

Does this project qualify for any tax credits? (circle one)      yes      no

If yes, please provide information below.      If no, continue to next section.

	KREDA	KJDA	KIDA	Other
Value	_____	_____	_____	_____
Years to be Received	_____	_____	_____	_____
Approval Date	_____	_____	_____	_____

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**Financing Package Proposed** (attach evidence of commitment from other funds).

Source	Amount	Project %	Type (grant / loan)	Rate	Term	Status
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTAL	\$_____ (100%)					

## Project Cost Summary (Detailed Budget)

Project Activity	LGEDF Grant	Other Funding 1	Other Funding 2	Total Cost
<b><i>Acquisition</i></b>				
Land Acreage_____				
Building Sq. Ft. _____				
Engineering Review				
Appraisal				
Other _____				
Other _____				
<b><i>On-Site Development</i></b>				
Site-Prep				
Water Lines				
Water Treatment				
Sewer Lines				
Sewer Treatment				
Engineering				
Other _____				
Other _____				
<b><i>Off-Site Development</i></b>				
Access Road				
Water Lines				
Water Treatment				
Sewer Lines				
Sewer Treatment				
Engineering				
Other _____				
Other _____				
Training Activities				
<b><i>Total</i></b>				



**SECTION B – Part II (ECONOMIC DEVELOPMENT PROJECT INVOLVING A BENEFICIARY.)**  
THE FOLLOWING SECTION MUST BE COMPLETED BY THE BENEFICIARY. Note: A Beneficiary is the company to benefit from the LGEDF grant proceeds).

**General Information**

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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**Type of Organization (check one):**

☐ Corporation ☐ Subchapter S ☐ Subchapter C ☐ 501(c)3 ☐ Partnership

☐ Proprietorship ☐ Limited Liability Partnership ☐ Limited Liability Corporation

Date Business Established: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

**Optional (check all that apply):**

☐ Franchise ☐ Minority ☐ Women Owned

☐ Union ☐ Vietnam Veteran

Corporate Name/Parent Company (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Employer ID#: \_\_\_\_\_ Kentucky Employer ID#: \_\_\_\_\_ SIC Code: \_\_\_\_\_

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**Type of Organization (check one):**

☐ Corporation ☐ Subchapter S ☐ Subchapter C ☐ Partnership

☐ Proprietorship ☐ Limited Liability Partnership ☐ Limited Liability Corporation

Date Business Established: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

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Type of Business (provide narrative description of business operation):

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Utilization of LGEDF (provide narrative description of how LGEDF will be used):

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Has either the beneficiary company or the parent company previously participated in other Kentucky incentive programs?  
(check one) ☐ yes ☐ no

If yes, please provide further information below.

Program: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Location: \_\_\_\_\_ Approximate Date: \_\_\_\_\_

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Please identify the major owners of the company. Include all owners with 5% or more interest in the company. For subsidiaries, identify owners of the parent company; for a public company, indicate if publicly traded.

1. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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Have any of the parties involved (company/business, parent company/corporate, any major owners of company) ever been convicted of any criminal offenses, been in receivership or adjudicated a bankruptcy, been denied a business related license, or had it suspended or revoked by any administrative, governmental, or regulatory agency? (circle one)      yes      no

Please list any violation and explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Legal Counsel Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_

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Contractor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

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**New Site Information (complete this section if the project constitutes a new location for the participating party):**

Project Site: \_\_\_\_\_ acres      Building Size: \_\_\_\_\_ square feet

Check one: ☐ New Construction

☐ Acquisition of an existing building

Age: \_\_\_\_\_

Appraised Value: \_\_\_\_\_

How long has building been unoccupied? \_\_\_\_\_

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**Expansion Project Information (complete this section only if the project involves the expansion of an existing Kentucky facility):**

Does the project involve additions or renovations to an existing building? (circle one)      yes      no

Does the project involve the relocation of an existing company/business? (circle one)      yes      no

Explain:

\_\_\_\_\_  
\_\_\_\_\_

Present Acreage: \_\_\_\_\_ acres      New Acreage: \_\_\_\_\_ acres

Present Building Size: \_\_\_\_\_ sq. ft.      New Building Size: \_\_\_\_\_ sq. ft.

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**Loan/Lease Information (for all to complete):**

Do you own the site? (circle one)      yes      no

Date of Purchase: \_\_\_\_\_      Purchase Price: \$ \_\_\_\_\_

Is there a mortgage? (circle one)      yes      no

Mortgage Holder: \_\_\_\_\_      Current Balance: \$ \_\_\_\_\_

Mortgage Payment: \$ \_\_\_\_\_      Length of Agreement: \_\_\_\_\_

If you lease, who is property owner?

Property Owner: \_\_\_\_\_      Lease Payment: \$ \_\_\_\_\_

Length of Agreement: \_\_\_\_\_

Lease terms after expansion (if different):

\_\_\_\_\_  
\_\_\_\_\_

**Site Acquisition (for all to complete):**

Is this project requesting assistance for site acquisition? (circle one)    yes        no

If yes, please provide information below.        If no, continue to next section.

Total Acreage \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Current Ownership \_\_\_\_\_

Proposed Ownership \_\_\_\_\_

Is there an option or contract? (circle one)    yes        no

If yes, check one below and attach any documentation.

☐

option

☐

contract

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**Workforce/Job Training Grant (if applicable complete)**

Please explain proposed use of Workforce/Job Training Grant (e.g. wage subsidy, classroom instruction):

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Please provide employment projections for project. \*If part time employment is being created, please also indicate full time equivalents and an explanation of the formula used to determine full time equivalents. Without this information part time jobs will not be used in the calculation of jobs.

	Full Time	Part Time	*Full Time Equivalents of Part Time Jobs
Current # of jobs at project location	_____	_____	_____
New jobs to be created	_____	_____	_____
TOTAL # of jobs projected 2 years after completion	_____	_____	_____
# of jobs retained because of project	_____	_____	_____

Explanation of formula used to determine full time equivalents of part time jobs:

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Please state number of jobs to be created in each category below as well as accompanying information.

Job Category	# of Jobs	Average Hourly Wage	Average Annual Wage	Other Training*	Fringe Benefits**
Skilled	_____	_____	_____	_____	_____
Semi-Skilled	_____	_____	_____	_____	_____
Unskilled	_____	_____	_____	_____	_____
Managerial	_____	_____	_____	_____	_____
Technical	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Total Benefits					_____

\*Provide estimated value of other training benefits including BSSC, Welfare to Work, and other related workforce training programs if applicable.

\*\*Provide estimated value of fringe benefits and a description of the fringe benefit pack to be provided.

Description of Fringe Benefit Package:

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## Project Cost Summary

Project Activity	Amount				
Land Acreage_____					
Building Sq. Ft.					
Improvements					
Equipment					
Building Fixtures					
Other_____					
Subtotal (Fixed Assets Costs)					
Working Capital					
TOTAL					
Type of Financing	Amount	Percent of Financing	Interest Rate	Payback Period	Project Annual Debt Service
<b>Fixed Assets:</b>					
LGEDF					
Bank					
Other_____					
Other_____					
Equity					
Subtotal (Fixed Assets)					
<b>Working Capital:</b>					
Bank					
Equity					
Other_____					
Subtotal (Working Capital)					
<b>Total Financing</b>					

**Certification of Application:**

To the best of my knowledge and belief, data contained in this application is true and correct, and the document has been duly authorized by the governing body of the applicant.

I hereby represent and certify that the foregoing information, to the best of my knowledge, is (a) true, complete and accurately and fairly describes the proposed project for which financial assistance is sought; and (b) does not contain any information for which an entity competing with the applicant may claim a proprietary interest. I further certify that to the best of my knowledge and based upon due inquiry, neither I, nor any of the proposed guarantors or officers, directors or principals associated with the applicant are or were at the time of this application, directors or officers of, or otherwise have a fiduciary duty toward, an entity that is or may be in competition with the applicant. As used herein, applicant shall include any person or entity that is guaranteeing any proposed loan.

The undersigned, on behalf of the applicant, acknowledges that even though the information contained in this application, or which may hereafter be communicated to the Governor's Office for Local Development (GOLD), contains confidential and proprietary information, it may be subject to public disclosure to the extent required by law pursuant to any request made pursuant to the Kentucky Open Records Act, Chapter 61 of the Kentucky Revised Statutes. In addition, the applicant acknowledges and agrees this application will be released to the local jurisdiction(s) where the project is intended to be located. Notwithstanding the above, except as otherwise agreed to by the applicant in writing, no confidential or proprietary information shall be disclosed if properly excluded from disclosure under KRS 61.878 (as determined by the Authority, the Kentucky Attorney General, or Court of Competent Jurisdiction).

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Printed Name and Title

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Signature of Authorized Representative

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Date



## SECTION C (Public Water or Wastewater Project)

Project

Number: \_\_\_\_\_  
(WX# or SX#-Required)

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Attach a copy of the Project Profile.

Engineering Firm

Name: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Explain the current situation and why the project is needed, especially noting any health impact (attach project maps).

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2. Have business closings or disruptions occurred due to infrastructure inadequacy or failure?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, describe.

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3. Is the applicable infrastructure system under sanction from any enforcement agency?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_N/A

If yes, describe (include deadlines, fines imposed and whether the project will satisfy sanction order).

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4. Are easements or land acquisition needed for the project?

\_\_\_\_\_Yes \_\_\_\_\_No Number of Parcels\_\_\_\_\_

Explain status of each parcel.

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5. If applicant has obtained the necessary land, indicate if by:

\_\_\_\_\_Leasehold interest \_\_\_\_\_Fee simple title \_\_\_\_\_Other (Specify)

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Have plans and specifications been reviewed and approved by the Division of Water?

\_\_\_\_\_Yes \_\_\_\_\_No If no, explain status.

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6. Does the Public Service Commission have jurisdiction over this project?

\_\_\_\_\_Yes    \_\_\_\_\_No    If yes, describe their role and estimated schedule of review.

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Will the proposed project cause the displacement of any of the following?

\_\_\_\_\_Yes    \_\_\_\_\_No    If so, provide the number of:

Individuals/Families \_\_\_\_\_ Businesses \_\_\_\_\_ Farms \_\_\_\_\_

7. Does the proposed project include any tap on or hook up fees? If so, what do those fees include/cover?

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### Project Cost Summary (Project Budget)

Cost Classification		LGEDF	Other Funding	Other Funding	Local Funds	Total Project Cost
1	Administrative Expenses (Including Interim Financing)					
2	Legal Expenses					
3	Land, Appraisals, Easements, Right-of-Way					
4	Relocation Expense & Payments					
5	Planning					
6	Engineering Fees - Design					
7	Engineering Fees - Construction					
8	Engineering Fees - Inspection					
9	Construction					
10	Equipment					
11	Contingency					
12	Other					
	<b>Total</b>					

**Attach evidence of commitment from other funds.**

Answer each question as it relates to the system affected by the proposed infrastructure development.

8. Number of existing customers, if any:

Residential \_\_\_\_\_

Business \_\_\_\_\_

Industrial \_\_\_\_\_

Total \_\_\_\_\_

9. System capacity:

Type of system \_\_\_\_\_

Design \_\_\_\_\_

Current \_\_\_\_\_

Peak \_\_\_\_\_

Proposed \_\_\_\_\_

10. Are water or sewer services provided by other communities or districts to this system?

\_\_\_\_\_Yes \_\_\_\_\_No

11. Attach copy of service agreements and briefly describe terms.

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12. Does this system provide services to other communities or districts?

\_\_\_\_\_Yes \_\_\_\_\_No

<u>Community/District</u>	<u># of Customers</u>	<u>Amount of Revenue Derived</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

13. Attach copy of service agreement(s) and briefly describe terms.

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14. Rate structure (attach copy of current rate ordinance).

A.	Current	\$ _____
B.	Proposed	\$ _____
C.	Average usage/bill	\$ _____
D.	Date last rate increase/amount of change	_____
E.	Method of collection of service fees	_____
F.	Percentage rate of collection	_____

15. Are operation and maintenance functions assigned to another party?

\_\_\_\_\_Yes \_\_\_\_\_No If yes, provide details of the agreement.

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## IMPLEMENTATION SCHEDULE

16. Anticipated engineering design time required (including plan review).

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Anticipated bid advertising date(s).

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Anticipated bid opening date(s).

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Anticipated Construction Contract Award Date(s).

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Anticipated construction start date(s).

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Anticipated construction completion date(s).

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17. List any construction or bid requirements related to other funding sources, which could affect timely implementation.

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**Kentucky Infrastructure Authority  
Exhibit 1**

Please check one of the following:

- ☐ IEDF Coal Line-Item
- ☐ IEDF Non-Coal Line-Item
- ☐ Community Development Project Line-Item
- ☐ LGEDF Grant
- ☐ Other (Please Identify)\_\_\_\_\_

**DESIGNATION OF PROJECT ADMINISTRATOR**

(Please print or type)

Name: \_\_\_\_\_

Company or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

Fax (include area code): \_\_\_\_\_

E-mail (please print): \_\_\_\_\_

WX/SX NUMBER: \_\_\_\_\_

**If you have more than one project designated to receive funds from this grant award, please copy this page and fill out one page for each project, even if the same person will be designated project administrator for each project.**

**Project Administrator**

Project administration is an extremely important element of any successful infrastructure project. The Project Administrator will be responsible for assisting the Grantee with procurement of all necessary services and gathering, collating, and presenting all appropriate information necessary for complete project documentation. This individual will serve as the communications link between members of the Project Team and as the principal point of contact for state agencies. This individual will be responsible for keeping all members of the local Project Team on task, setting up and maintaining project files, securing additional resources, and for trouble-shooting whenever necessary. Other duties to be performed by the Project Administrator may include: documenting Project Team meetings; conducting and maintaining records of public meetings; preparing the Environmental Assessment; organizing the effort to secure easements and rights of way; and providing necessary clerical and support services as required.

The services performed by a Project Administrator are professional in nature and must be assigned by the Project Owner/Grantee to a qualified staff person with appropriate time to dedicate to the position or to an individual who specializes in this service. Most often these responsibilities are entrusted to a qualified individual secured either through the standard procurement process pursuant to KRS 45A or through an Area Development District.

Reference: *Procedures Manual for Funding Water/Wastewater Projects 2006*



**Kentucky Infrastructure Authority  
Exhibit 2**

Please check one of the following:

- ☐ IEDF Coal Line-Item
- ☐ IEDF Non-Coal Line-Item
- ☐ Community Development Project Line-Item
- ☐ LGEDF Grant
- ☐ Other (Please Identify) \_\_\_\_\_

**DESIGNATION OF PROJECT NUMBER**

(Please print or type)

Please check the correct box and fill in the appropriate information:

- ☐ My grant award will be used for one project. The WX or SX number is listed below.

WX/SX NUMBER: \_\_\_\_\_

- ☐ My grant award will be used for one project. The WX or SX number has not yet been identified. The project administrator will be responsible for submitting this information to KIA after coordinating with the Area Water Management Council.

- ☐ My grant award will be used for more than one project. The WX or SX numbers are listed below.

WX/SX NUMBER: \_\_\_\_\_ Grant \$ Allocated: \_\_\_\_\_

WX/SX NUMBER: \_\_\_\_\_ Grant \$ Allocated: \_\_\_\_\_

WX/SX NUMBER: \_\_\_\_\_ Grant \$ Allocated: \_\_\_\_\_

WX/SX NUMBER: \_\_\_\_\_ Grant \$ Allocated: \_\_\_\_\_

- ☐ My grant award will be used for more than one project. If any WX or SX number(s) have been identified, they are listed below. The WX or SX number(s) that have not yet been identified will be provided to KIA by the project administrator after coordinating with the Area Water Management Council.

WX/SX NUMBER: \_\_\_\_\_ Grant \$ Allocated: \_\_\_\_\_

WX/SX NUMBER: \_\_\_\_\_ Grant \$ Allocated: \_\_\_\_\_

Remaining Grant Unallocated to Project(s): \_\_\_\_\_

- ☐ Other:

\_\_\_\_\_  
\_\_\_\_\_

## SECTION D (Information Technology Development, Public Infrastructure and Access and Public Health and Safety)

1. Describe the geographic area covered by this project, the population of the area (number to be served if applicable) and the agencies that will benefit from funding.

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2. Engineering/Architectural Firm (if applicable)

Name: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Explain the current situation and why the project is needed, especially noting any health impact (attach project maps):

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#### 4. Project Cost Summary (Project Budget)

Activity Description	LGEDF	Other Funding	Other Funding	Total Cost
<b>ACQUISITION</b>				
Land				
Building				
Rehabilitation				
Engineering Review				
Appraisal				
Equipment*				
Planning				
Administration				
Contingencies				
Other				
Other				
Other				
<b>TOTAL COST</b>				

\* If purchasing equipment, each piece of equipment and the associated cost should be listed separately.  
Attach evidence of commitment from other funds.

#### 5. Discuss how the project meets the needs of the applicant.

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6. Discuss project readiness (i.e. status of other funding applications, architectural/engineering sources, etc.).

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7. If the project includes a building, will the proposed facility be:

a) improving/expanding upon a current facility? If expanding the current facility, what is the proposed increase in the facility's square footage and its capacity?

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b) newly constructed? If yes, what is the proposed square footage and capacity?

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c) for acquisition/relocation of an existing facility? If yes, what is the facility's square footage and capacity?

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8. If the proposed project is replacing a current facility, is the current facility rented or owned?

Rented ☐ Owned ☐

a) Who owns the current facility?

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b) If the current facility is owned by the city/county or participating party, who pays for the facility's maintenance and insurance?

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c) If the current facility is owned by the city/county or participating party and the proposed project is for a newly constructed facility or acquisition/relocation of an existing facility, what is the current facility's intended reuse?

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d) If the current facility is rented by the city/county or participating partying, what is the amount of monthly rent?

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e) Will the city/county or participating party pay rent at the proposed facility? Yes ☐ No ☐  
If yes, what is the proposed monthly rent? \_\_\_\_\_

f) If applicable, will rent savings be applied to the proposed project? Please explain.

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9. Please describe ownership of the proposed project components (i.e. land, facilities, etc.).

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10. If property acquisition is involved, is there an option/agreement with the owner of the property to be acquired?

Yes ☐ No ☐ If yes, please attach a copy.

If no, please explain what assurance there is that the property will remain available for purchase pending LGEDF funding.

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11. Will the proposed facility require relocation of occupant(s)? \_\_\_\_\_ If so, how many? \_\_\_\_\_

12. Will the applicant lease or sell the proposed building to another agency? If yes, explain leasing/purchasing details. Who will insure and maintain the facility?

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13. If donated or contributed property is included in this project, please provide details.

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14. Discuss project design status (i.e., preliminary, complete, approved, etc.) and list the appropriate agencies responsible for approving the design (i.e., Office of Housing, Buildings and Construction, local building inspector, etc.) If design is complete, please attach approval documentation from the appropriate agencies.

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15. If the project includes a major equipment purchase, please describe the equipment, its intended use and benefit to the project, recipient and/or community.

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**Minimum Required Hourly Wages and Benefits by County**  
**For Receiving Incentives Under KREDA, KJDA, KIDA, and KEOZ**

<b>County</b>	<b>Wage</b>	<b>Benefit</b>	<b>County</b>	<b>Wage</b>	<b>Benefit</b>	<b>County</b>	<b>Wage</b>	<b>Benefit</b>
Adair	\$ 7.73	\$ 8.89	Grant	\$ 7.73	\$ 8.89	McLean	\$ 7.73	\$ 8.89
Allen	\$ 7.80	\$ 8.97	Graves	\$ 9.04	\$ 10.39	Meade	\$ 7.73	\$ 8.89
Anderson	\$ 9.50	\$ 10.92	Grayson	\$ 7.73	\$ 8.89	Menifee	\$ 7.73	\$ 8.89
Ballard	\$ 10.30	\$ 11.85	Green	\$ 7.73	\$ 8.89	Mercer	\$ 10.30	\$ 11.85
Barren	\$ 8.61	\$ 9.90	Greenup	\$ 9.99	\$ 11.48	Metcalfe	\$ 7.73	\$ 8.89
Bath	\$ 7.73	\$ 8.89	Hancock	\$ 10.30	\$ 11.85	Monroe	\$ 7.73	\$ 8.89
Bell	\$ 7.73	\$ 8.89	Hardin	\$ 9.45	\$ 10.86	Montgomery	\$ 7.73	\$ 8.89
Boone	\$ 10.30	\$ 11.85	Harlan	\$ 7.73	\$ 8.89	Morgan	\$ 7.73	\$ 8.89
Bourbon	\$ 9.54	\$ 10.97	Harrison	\$ 9.44	\$ 10.86	Muhlenberg	\$ 7.77	\$ 8.93
Boyd	\$ 10.30	\$ 11.85	Hart	\$ 7.73	\$ 8.89	Nelson	\$ 9.19	\$ 10.57
Boyle	\$ 8.95	\$ 10.30	Henderson	\$ 9.88	\$ 11.37	Nicholas	\$ 7.73	\$ 8.89
Bracken	\$ 7.73	\$ 8.89	Henry	\$ 8.36	\$ 9.61	Ohio	\$ 7.73	\$ 8.89
Breathitt	\$ 7.73	\$ 8.89	Hickman	\$ 7.73	\$ 8.89	Oldham	\$ 9.60	\$ 11.04
Breckinridge	\$ 7.73	\$ 8.89	Hopkins	\$ 8.94	\$ 10.28	Owen	\$ 8.13	\$ 9.35
Bullitt	\$ 8.11	\$ 9.33	Jackson	\$ 7.73	\$ 8.89	Owsley	\$ 7.73	\$ 8.89
Butler	\$ 7.73	\$ 8.89	Jefferson	\$ 10.30	\$ 11.85	Pendleton	\$ 7.73	\$ 8.89
Caldwell	\$ 7.73	\$ 8.89	Jessamine	\$ 9.11	\$ 10.48	Perry	\$ 8.50	\$ 9.78
Calloway	\$ 7.87	\$ 9.05	Johnson	\$ 7.73	\$ 8.89	Pike	\$ 7.98	\$ 9.18
Campbell	\$ 9.70	\$ 11.15	Kenton	\$ 10.30	\$ 11.85	Powell	\$ 7.73	\$ 8.89
Carlisle	\$ 7.73	\$ 8.89	Knott	\$ 7.73	\$ 8.89	Pulaski	\$ 7.98	\$ 9.18
Carroll	\$ 10.30	\$ 11.85	Knox	\$ 7.73	\$ 8.89	Robertson	\$ 7.73	\$ 8.89
Carter	\$ 7.73	\$ 8.89	Larue	\$ 7.73	\$ 8.89	Rockcastle	\$ 7.73	\$ 8.89
Casey	\$ 7.73	\$ 8.89	Laurel	\$ 8.39	\$ 9.65	Rowan	\$ 7.73	\$ 8.89
Christian	\$ 9.07	\$ 10.44	Lawrence	\$ 8.64	\$ 9.93	Russell	\$ 7.73	\$ 8.89
Clark	\$ 9.50	\$ 10.92	Lee	\$ 7.73	\$ 8.89	Scott	\$ 10.30	\$ 11.85
Clay	\$ 7.73	\$ 8.89	Leslie	\$ 7.74	\$ 8.90	Shelby	\$ 10.30	\$ 11.84
Clinton	\$ 7.73	\$ 8.89	Letcher	\$ 7.73	\$ 8.89	Simpson	\$ 9.88	\$ 11.36
Crittenden	\$ 7.76	\$ 8.92	Lewis	\$ 7.73	\$ 8.89	Spencer	\$ 7.73	\$ 8.89
Cumberland	\$ 7.73	\$ 8.89	Lincoln	\$ 7.73	\$ 8.89	Taylor	\$ 7.73	\$ 8.89
Daviess	\$ 9.22	\$ 10.61	Livingston	\$ 7.73	\$ 8.89	Todd	\$ 8.31	\$ 9.55
Edmonson	\$ 7.73	\$ 8.89	Logan	\$ 9.67	\$ 11.12	Trigg	\$ 8.37	\$ 9.62
Elliott	\$ 7.73	\$ 8.89	Lyon	\$ 7.73	\$ 8.89	Trimble	\$ 10.15	\$ 11.67
Estill	\$ 7.73	\$ 8.89	Madison	\$ 8.56	\$ 9.85	Union	\$ 7.73	\$ 8.89
Fayette	\$ 10.30	\$ 11.85	Magoffin	\$ 7.73	\$ 8.89	Warren	\$ 9.65	\$ 11.09
Fleming	\$ 7.73	\$ 8.89	Marion	\$ 8.05	\$ 9.25	Washington	\$ 8.06	\$ 9.27
Floyd	\$ 8.32	\$ 9.57	Marshall	\$ 10.30	\$ 11.85	Wayne	\$ 7.73	\$ 8.89
Franklin	\$ 9.09	\$ 10.45	Martin	\$ 7.73	\$ 8.89	Webster	\$ 7.73	\$ 8.89
Fulton	\$ 8.05	\$ 9.26	Mason	\$ 8.71	\$ 10.02	Whitley	\$ 7.80	\$ 8.97
Gallatin	\$ 10.30	\$ 11.85	McCracken	\$ 9.70	\$ 11.16	Wolfe	\$ 7.73	\$ 8.89
Garrard	\$ 7.73	\$ 8.89	McCreary	\$ 7.73	\$ 8.89	Woodford	\$ 10.30	\$ 11.85
*Four Star Regional Industrial Park Hourly Wage = \$8.81 (\$10.13 With Benefits)					*EastPark Regional Industrial Park Hourly Wage = \$9.34 (\$10.74 With Benefits)			

\* For KREDA projects only

**Source—Wage & Benefit Averages:** Derived from annual 2000 data provided by the Kentucky Cabinet for Workforce Development, Department for Employment Services, Division for Administrative and Financial Management, Research and Statistics Branch, ES-202 Series, *Total Wages and Average Monthly Workers Covered by Kentucky Unemployment Insurance Law-2000*.